

FOREST COUNTY LAND USE APPLICATION

PLEASE PRINT ALL INFORMATION

Property Owner: _____

Residential Address: _____

City, State, and Zip: _____

Phone Numbers: (Home) _____ (Cell) _____ (Work) _____

PROPERTY DESCRIPTION AND ADDRESS

Zoning District: _____ Township: _____

Tax Parcel Number (18 digits): _____

_____ 1/4, _____ 1/4, Section _____, Township _____ North, Range _____ East

Land Dimensions: _____ Ft. Wide, _____ Ft. Long, Total Acres _____

Name of Body of Water: _____

Property Address: _____

PERMIT REQUEST FOR:

_____ Addition / Alteration _____ Accessory/ Garage/ Storage _____ RV

_____ Filling/ Grading _____ Demolition

Structure Dimensions: _____ Ft. Wide X _____ Ft. Long, Height _____ Ft.

Number of Stories: _____ Total Square Feet: _____

Closest Distance Between Ordinary High Water Mark and Structure: _____ Ft.

Setback from Center Line of Federal, State, County, Town, or Private Road: _____ Ft.

Cost Estimate of Work (based on what assessed value will be): \$ _____

Contractor's Name: _____

For Demolition only: Destination of Demolition Debris:

Note: A sanitary permit is required by state law prior to issuance of a land use permit on all new habitable structures.

Please return to Forest County Zoning 200 East Madison St. Crandon WI 54520

If you have any questions please call the Zoning office at (715) 478-3893

LAND USE SITE PLAN

NAME: _____ FIRE NUMBER: _____

LAND USE SITE PLAN REQUIREMENTS: (CHECK LIST, MAKE SURE ALL ARE SHOWN & NOTED ON PLAN)

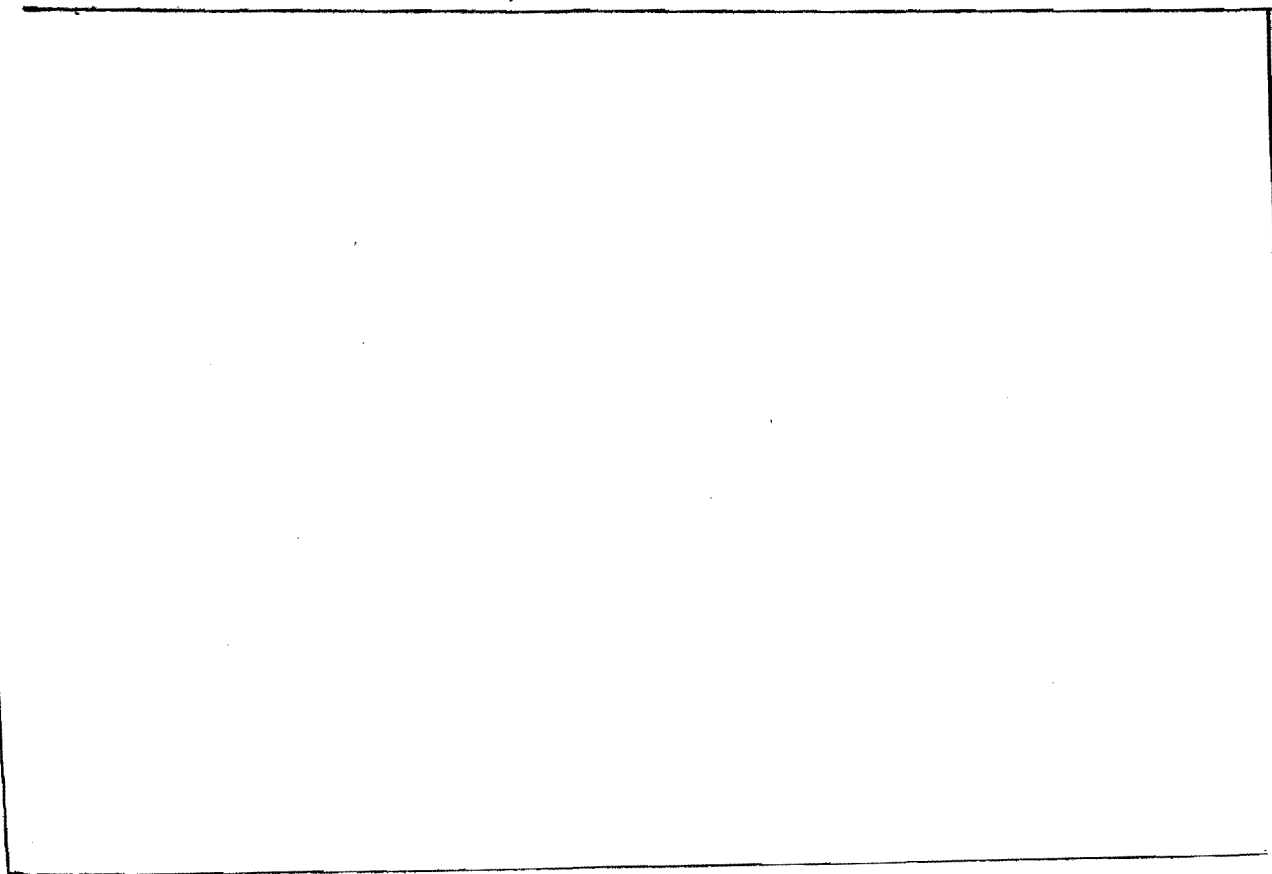
_____ Location of existing buildings use abbreviation EB

_____ Location of proposed building us abbreviation PB

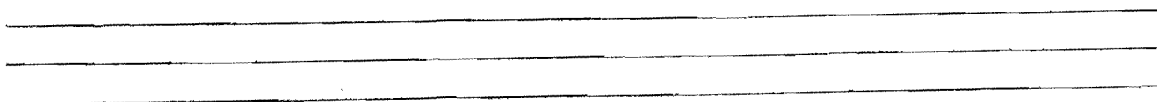
_____ Location of nearest road and body of water if applicable

_____ Measurements from lot lines, center of road, sanitary system, well, and body of water

_____ Location of existing sanitary system using ES or PS for proposed sanitary system



Give good written directions to the property:



The undersigned hereby states that all of the information regarding measurements for lot lines and set backs submitted on the Land Use Application are true and correct. I understand that if the information is found to be erroneous, I will be both cited and fined for any offense of the Forest County Zoning Office. I also understand that remedial action may be required to correct violations of the ordinance.

I also have been informed that I need to acquire a UDC permit from the inspection agency contracted for my township for a new habitable structure.

THE UNDERSIGNED IS RESPONSIBLE TO SEE STRUCTURES ARE PLACED ACCORDING TO PERMIT ISSUED.

Applicant's Signature: _____
(owner or agent)

Print Name: _____

Witnessed by: _____

Print Name: _____

(for office use only)

PERMIT ISSUED _____ 20 _____

SIGNED _____
(ZONING ADMINISTRATOR OR DEPUTY ZONING ADMINISTRATOR)

PERMIT DENIED: _____ 20 _____

COMMENTS OR CONDITIONS: _____

YOU HAVE 30 DAYS IN WHICH TO APPEAL ANY DECISION BY THIS OFFICE.